PRINTED: 08/08/2011 FORM APPROVED OMB NO. 0938-0391

INMINE OF PROVIDER OR SUPPLIER SMITHFIELD MANOR INC SITERET ADDRESS, CITY, STATE, 2P CODE PO BOX 1490 SMITHFIELD, NO 27817 SMITHFIELD, NO 27817 SMITHFIELD, NO 27817 SWITHFIELD, NO 27817 SWITH			(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MI		NSTRUCTION ()	(X3) DATE SUI COMPLET	EÐ
SMITHFIELD MANOR INC SMITHFIELD MANOR INC SMITHFIELD, NC 27877 PO BOX 1848 SMITHFIELD, NC 27877 PROVIDERS PLAN OF CORRECTION GRACH OPERICIENCY ON ILSG IDENTIFYING INFORMATION) F 312 SS=D A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hyglene. This REQUIREMENT is not met as evidenced by: Based on observations, staff interviews and record review the facility falled to provide proper perineal care for 2 of 2 sampled residents (Residents #2 and #3) whose care was observed. Findings include: 1. A. The facility's policy on Perineal Care, revised 10/10, indicated when providing perineal care for a female resident, the perineal area should be wiped from front to back. Under Paragraph 9, Section A, the policy indicated the labia should be separated and the cleansing should continue from inside outward to and including thighs, alternating from side to side, and using downward strokes. The policy continued by indicating the same washolch or water should not be used to clean the urethra or the labia. Resident #2 was readmitted on 03/25/11 with cumulative diagnoses of ancrexia, hypertension, diabetes, and difficulty walking. The Hospital Transfer Summary, dated 03/24/11, indicated as #4 under DISCHARGE DIAGNOSES, that Resident #2 Iba da urinary			345175	B. WIN	G	AUG 1 7 2011	08/0	=
F 312 SS=D A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene. This REQUIREMENT is not met as evidenced by: Based on observations, staff interviews and record review the facility falled to provide proper perineal care during morning care and falled to provide proper perineal care for a female resident, the perineal area should be wiped from front to back. Under Paragraph 9, Section A, the policy indicated the labia should be separated and the cleansing should continue from inside outward to and including thighs, alternating from side to side, and using downward strokes. The policy continued by indicating the same washoloth or water should not be used to clean the urethra or the labia. Resident #2 was readmitted on 03/25/11 with cumulative diagnoses of ancrexia, hypertension, diabetes, and difficulty walking. The Hospital Transfer Summary, dated 03/24/11, indicated as # 4 under DISCHARGE DIAGNOSES, that Resident #2 had a urinary					PO BO	DDRESS, CITY, STATE, ZIP CODE X 1940		
DEPENDENT RESIDENTS A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene. This REQUIREMENT is not met as evidenced by: Based on observations, staff interviews and record review the facility failed to provide oral care during morning care and failed to provide proper perineal care for 2 of 2 sampled residents (Residents # 2 and # 3) whose care was observed. Findings include: 1. A. The facility's policy on Perineal Care, revised 10/10, indicated when providing perineal care for a female resident, the perineal area should be wiped from front to back. Under Paragraph 9, Section A, the policy indicated the labia should be separated and the cleansing should continue from inside outward to and including thighs, alternating from side to side, and using downward strokes. The policy continued by lindicating the same washoloth or water should not be used to clean the urethra or the labia. Resident # 2 was readmitted on 03/25/11 with currulative diagnoses of anorexia, hypertension, diabetes, and difficulty walking. The Hospital Transfer Summary, dated 03/24/11, indicated as # 4 under DISCHARGE DIAGNOSES, that Resident # 2 had a urinary	PREFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREF		(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRO	LD BE	COMPLETION
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DIAGNOSES, that Resident # 2 had a urinary		revised 10/10, indicat care for a female resi should be wiped from Paragraph 9, Section labia should be separ should continue from including thighs, alter using downward strokindicating the same w not be used to clean the Resident # 2 was reacumulative diagnoses diabetes, and difficult The Hospital Transfel	ed when providing perineal dent, the perineal area front to back. Under A, the policy indicated the ated and the cleansing inside outward to and nating from side to side, and tes. The policy continued by rashcloth or water should the urethra or the labia. dmitted on 03/25/11 with of anorexia, hypertension, y walking.		1.	proper perineal care that vinclude, but not limited to separation of her labia dur the procedure so as to necessitate adequate clear with always cleansing from front to back and that the water is changed prior to the second se	will , the ring ning n bath	
		DIAGNOSES, that Re	esident # 2 had a urinary					

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

Event ID: ML4T11

Facility ID: 923459

If continuation sheet Page 1 of 10/



STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULT	IPLE CONSTRUCTION	(X3) DATE S COMPL	
AND PLAN OF CORRECTION	IDEMIFICATION NOMBER.	A, BUILDIN	KG		С
	345175	B. WNG_		08	/04/2011
NAME OF PROVIDER OR SUPPLIER SMITHFIELD MANOR INC			REET ADDRESS, CITY, STATE, ZIP COD PO BOX 1940 SMITHFIELD, NC 27577	E	
PREELY (EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIV CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE IE APPROPRIATE	(X5) COMPLETION DATE
recurrent UTI. The resident's care plaindicated Resident # 2 her activities of daily lisure the care was proshower on Wednesda. Resident # 2's quarter (MDS), indicated the runderstand and was a There were no behavi indicated Resident # 2 assistance with person assessed as frequential bladder. An observation was m AM. Nursing Assista 2 a bed bath. The NA on the side of the bed body was washed follow After completion of the extremities, the NA president 's incontinent assisted Resident # 2 resident 's upper bod she used the wheelch changing the bath was resident 's posterior stegs and made several cloth. There was no incompletion of the second several cloth. There was no incompletion of the second several cloth.	an, dated 10/04/10, crequired assistance with ving. Interventions to make vided included giving a ys. If Minimum Data Set resident was able to able to be understood. ors coded. The MDS also crequired extensive nal hygiene. She was ly incontinent of bowel and added on 08/03/11 at 11:10 ant (NA) # 1 gave Resident # assisted Resident # 2 to sit assisted Resident # 2 to sit assisted The sident # 2 to sit assisted Resident # 3 to sit assisted Resident # 3 to sit assisted Resident # 4 to sit assisted Resident # 5 to sit assisted Resident # 6 to sit assisted Resident # 7 to sit assisted Resident # 8 to sit assisted Resident # 9 to sit assisted Resident # 10 to sit assi	F 31:	NA #1 counseled and a copy of the facility's regarding proper tech perineal care, placed (3) day suspension, proper considered with Staff Developmed Coordinator, and will included in future "A Delivery "audits conditated to be conditated to perineal care. Proper perineal care included in each Ce Nursing Assistant's swhich will be perfor Staff Development of as part of their year performance/ compevaluation.	anique for on three rovided in-service ent be M Care ducted by e lucted by of Nursing pment vill include, proper e will be rtified Skills Lab med by the Coordinator	

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION UMBER: A. BUILDING		(X3) DATE SURVEY COMPLETED					
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SMITHFIE (X4) ID PREFIX	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREF	S S IX	EET ADDRESS, CITY, STATE, ZIP CODE D BOX 1940 MITHFIELD, NC 27577 PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO	ION LD BE	(X5) COMPLETION DATE
F 312	Continued From page with Nurse # 1. Nurs for Resident # 2 on the stated the technique included separating the thoroughly. The experiment of the water to be changed perineum. If the water perineum cleansed, a result from bacteria in system. An interview was held 2:35 PM. She stated wash from front to bacare to a female residual not been taught to bathing the perineum water if she found the NA # 1 stated she would be the state of t	e # 1 was assigned to care the 7 to 3 shift. The nurse for performing perineal care the labia and cleansing the pertation was for the bath before cleansing the the was not changed or the the urinary tract infection could introduced into the urinary I with NA # 1 on 08/03/11 at the had been taught to the water before the water before the and would only change the the water to be visibly soiled. The labic cleansing if she were a the she did not do that to the		312	Audits conducted by the Qual Assurance Nurse will become part of the agenda of the next scheduled quarterly Quality Assurance Committee meetin This committee will seek to determine if emphasis in the area of proper perineal care of be determined to be a factor if the decrease of urinary tract infections throughout the facility population.	t g. 	
	with the Staff Develop She stated the expect would come to the far of how to perform income stated on hire, the ne another staff member member and the nurs perform care, including verified. For women, wash from front to be make sure any soiling stated the bath water	se, the new NA 's ability to ng incontinent care would be the NA's were taught to nck, separating the labia to ncy was removed. The SDC should be changed before nm. The SDC added this					

DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTERS FOR MEDICARE & MEDICAID SERVICES					OMB NO. 0938-039				
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ´	(X2) MULTIPLE CONSTRUCTION			RVEY ED		
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		345175	B. WIN			į.	4/2011		
NAME OF PR	OVIDER OR SUPPLIER			STR	EET ADDRESS, CITY, STATE, ZIP CODE				
SMITHFIE	LD MANOR INC				O BOX 1940				
				S	MITHFIELD, NC 27677				
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F 312	(DON) and the Assist (ADON) on 08/04/11 a stated perineal care s facility policy. This inspire to washing the p added the protocol for included opening the thoroughly. The ADO the contributing factor improper perineal care would have expected knowledge of perineal NA course. B. The facility policy, revised 10/10, indicate procedure was to kee oral tissues moist, to cresident 's mouth and mouth. Resident # 2 was reaccumulative diagnoses diabetes, and difficulty. The resident's care plandicated Resident # 2 her activities of daily ill sure the care was proshower on Wednesda Resident # 2's quarter	with the Director of Nursing ant Director of Nursing at 9:15 AM. The DON hould be performed per cluded changing the water erineal area. The DON releansing the perineal area alabia and cleansing the area DN and DON stated one of so for a UTI would be e. The DON stated she NA # 1 to have a basic area after completing her titled, MOUTH CARE, ed the purpose of the pother resident's lips and cleanse and to fresh the area of the prevent infections of the dimitted on 03/25/11 with of anorexia, hypertension, walking. In an, dated 10/04/10, arequired assistance with fixing. Interventions to make vided included giving a ys.	F	312		I a (3) - h or, vI ed			
	(MDS), indicated the runderstand and was a	resident was able to							

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SURVEY COMPLETED
		345175	B, WNG_		C 08/04/2011
	OVIDER OR SUPPLIER			TREET ADDRESS, CITY, STATE, ZIP CODE PO BOX 1940 SMITHFIELD, NC 27577	
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F 312	There were no behavindicated Resident # assistance with personal An observation was in AM. Nursing Assistate 2 a bed bath. After on NA dressed the reside wheelchair. Hair care stated she had comple Resident # 2. No orain on 08/03/11 at 1:20 F with Nurse # 1. Nurse for Resident # 2 on the addition to a bath, the resident to receive had teeth and acknowledge oral care. She added in her drawer, but the provided no other reare Resident # 2. On 08/03/11 at 2:55 F with the Staff Develop She stated the expect have been hired with perform activities of dithat morning care in addressing the resident. The NA would be a service with the resident.	fors coded. The MDS also 2 required extensive anal hygiene. Inade on 08/03/11 at 11:10 ant (NA) # 1 gave Resident # completion of the bath, the ent and assisted her to her awas provided. NA # 1 leted morning care for I care was observed. PM, an interview was held as # 1 was assigned to care are 7 to 3 shift. He stated in a expectation was for air care and mouth care. I with NA # 1 on 08/03/11 at morning care included hair in addition to a shower or ded Resident # 2 had no ged she had not provided at the resident had toothettes re were old. NA # 1 son for omitting oral care for PM, an interview was held oment Coordinator (SDC). tation was that NA # 1 would a basic knowledge of how to aily living. The SDC added tuded hair care, nail care	F 31:	Proper Mouth Care will be included in each Certified Nursing Assistant's Skills Lawhich will be performed by Staff Development Coordinas part of their yearly performance/competency evaluation. Audits conducted by the Quality Assurance Nurse will becompart of the agenda of their scheduled quarterly Quality Assurance Committee mee "Do you receive mouth candaily with your morning care" question will be added the Resident Satisfaction acconducted by the Quality Assurance Nurse on a qual basis.	y the nator uality me next cy eting. re

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	VSUPPLIER/CLIA (X2) MULTATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
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	ROVIDER OR SUPPLIER	<u> </u>		P	EET ADDRESS, CITY, STATE, ZIP CODE O BOX 1940 MITHFIELD, NC 27577			
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F 312	nurse, the new NA 's including incontinent (DON) and the Assist (ADON) on 08/04/11 stated NA # 1 should knowledge of morning completed a NA couraddition to a bath, the resident to receive has She added if a reside toothettes should hav Resident # 2 's mout 2. A. A. The facility's revised 10/10, indicate care for a female resishould be wiped from Paragraph 9, Section labia should be separ should continue from including thighs, alternusing downward strokindicating the same who to be used to clean to Resident # 3 was readiagnoses that including paraplegia, hypertens A care plan, dated 03 required assistance The goal was her care (MDS), dated 06/29/1	sability to perform care, care would be verified. with the Director of Nursing ant Director of Nursing at 9:15 AM. The DON have had a basic g care since she had se. The DON added that in expectation was for each air care and mouth care. In thad no teeth, then we been used to freshen th. policy on Perineal Care, and when providing perineal dent, the perineal area of front to back. Under A, the policy indicated the rated and the cleansing inside outward to and nating from side to side, and was held to water should the urethra or the labia. dmitted on 09/03/08 with ed cervical spinal stenosis, sion and diabetes.	F	312	A- Resident #3 will receive proper perineal care that w include, but not limited to, separation of her labia duri the procedure so as to necessitate adequate clean with always cleansing from front to back and that the k water is changed prior to the delivery of perineal care.	the ng ing oath		

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/O		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	/CLIA (X2) M		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
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F 312	MDS was coded to in severely cognitively in extensive assistance toileting. Resident #: always incontinent of Nursing Assistant (NA 08/03/11 at 9:23 AM of morning care. The Nupper body and then extremities and feet. resident 's lower extresident 's incontinent s legs laying approxin NA wiped Resident # NA did not request or parting her legs and the resident 's labia in or area. The NA did no prior to washing Resident 's had affirmed s resident 's morning common of the comm	dicate the resident was inpaired and required with personal hygiene and had been assessed as bowel and bladder. If I was observed on giving Resident # 3 her hathed the resident 's proceeded to her lower After completion of the emities, the NA removed the the brief. With Resident # 3 ' hately 4 inches apart, the hasist the resident in he NA did not separate the der to wash the perineal the change the bath water dent # 3 's perineum. The resident, changed the bed he had completed the hare. If was assigned to care the formula of the care the formula of the perineal care the formula of the	F	312	NA#1 counseled and provided copy of the facility's policy regarding proper technique for perineal care, placed on three (3) day suspension, provided one-on-one directed in-service with Staff Development Coordinator, and will be included in future "AM Care Delivery" audits conducted by the Quality Assurance Coordinator. In-service to be conducted by the Clinical Director of Nursinand the Staff Development Coordinator which will include but not limited to, proper perineal care. Proper perineal care will be included in each Certified Nursing Assistant's Skills Lab which will be performed by Staff Development Coordinators as part of their yearly performance/competency evaluation.	or e ce y y ng de,		

	ATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: A. BUILDING			(X3) DATE SURVEY COMPLETED			
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	wash from front to bar care to a female resid had not been taught to bathing the perineum water if she found the NA # 1 stated she wo her labia separated for resident, and therefor residents she cared for considering the care including the care included opening the care includ	ck when providing perineal tent. The NA stated she or change the water before and would only change the water to be visibly soiled, uld uncomfortable having or cleansing if she were a re, she did not do that to the forc. PM, an interview was held oment Coordinator (SDC), tation was that any NA cility with a basic knowledge continent care. The SDC w NA would be paired with. Between the staff re, the new NA 's ability to g incontinent care would be the NA 's were taught to ck, separating the labia to was removed. The SDC should be changed before m. The SDC added this a bacteria, such as a entering the urinary with the Director of Nursing and 9:15 AM. The DON hould be performed per cluded changing the water perineal area. The DON cleansing the perineal area abia and cleansing the area	F	312	Audits conducted by the Quarterly of the agenda of the next scheduled quarterly Quality. Assurance Committee meeting This committee will seek to determine if emphasis in the area of proper perineal care to be determined to be a factor the decrease of urinary tract infections throughout the facility population.	et ng. can	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA (X2) IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED	
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	would have expected knowledge of perinea NA course. B. The facility policy, revised 10/10, indicate procedure was to kee oral tissues moist, to cresident 's mouth and mouth. Resident # 3 was read diagnoses that include paraplegia, hypertens A care plan, dated 03/3 required assistance. The goal was her care. Resident # 3 's Quart (MDS), dated 06/29/1 was able to understan MDS was coded to indeverely cognitively in extensive assistance with the company of the compan	e. The DON stated she NA # 1 to have a basic I care after completing her titled, MOUTH CARE, ed the purpose of the p the resident's lips and cleanse and to fresh the it to prevent infections of the dmitted on 09/03/08 with ed cervical spinal stenosis, ion and diabetes. //30/11 indicated Resident # with activities of daily living. e would be provided. erly, Minimum Data Set 1, indicated the resident id and be understood. The dicate the resident was a paired and required with personal hygiene and) # 1 was observed on living Resident # 3 her athing and dressing the lived she had completed the lare. No hair care or mouth	F	312	B – Resident #3 will receive proper mouth care as part of the delivery of her AM Care. NA #1 counseled and provided a copy of the facility's policy regarding proper technique for mouth care, placed on three (3 day suspension, provided one-on-one directed in-service with Staff Development Coordinator and will be included in future "AM Care Delivery" audits conducted by the Quality Assurance Coordinator/Nurse. In-service to be conducted by the Clinical Director of Nursing and the Staff development Coordinator which will include but not limited to, proper mouth care. Proper mouth care will be included in each Certified Nursing Assistant's Skill Lab which will be performed by the Staff Development Coordinator as part of their yearly performance/competency evaluation.) ir,		

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING		(X3) DATE SURVEY COMPLETED			
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F 312	addition to a bath, the resident to receive hat resident to receive hat An interview was held 2:35 PM. She stated care and mouth care bed bath. NA # 1 ack provided oral care to reason given for the control of the con	e expectation was for ir care and mouth care. I with NA # 1 on 08/03/11 at morning care included hair in addition to a shower or mowledged she had not Resident # 3. There was no omission. PM, an interview was held oment Coordinator (SDC). tation was that NA # 1 would a basic knowledge of how to ally living. The SDC added uded hair care, nail care dition to bathing and The SDC stated on hire, paired with another staff e staff member and the ability to perform care, care would be verified. with the Director of Nursing ant Director of Nursing at 9:15 AM. The DON have had a basic	F 312	Audits conducted by the Q Assurance Nurse will becompart of the agenda of the mached quarterly Quality Assurance Committee mee "Do you receive mouth carpart of your AM care" que will be made part of the Resident Satisfaction audit conducted quarterly by the Quality Assurance Nurse. The audits will be reviewed at quarterly Quality Assurance Committee meeting. Correction action will be completed by September 2011.	me next y eting. re as stion t e These the